

CLAIMS ONLY						Application Number 10719330	Filing Date	
						Applicant(s)		
* May be used for additional claims or amendments								
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		Indep	Depend
	Indep	Depend	Indep	Depend	Indep	Depend		
1	1					51		
2		1				52		
3		1				53		
4		1				54		
5		1				55		
6						56		
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45						95		
46						96		
47						97		
48						98		
49						99		
50						100		
Total Indep	1					Total Indep		
Total Depend	4					Total Depend		
Total Claims	5					Total Claims		